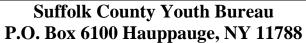


Student Name:

The Suffolk County Police Department Youth Police Academy

2021 Application and Emergency Contact Form Suffolk County Youth Bureau



ahkyra.jackson@suffolkcountyny.gov

631-853-8270

Date of Birth:

Age:	
Relationship:	
N er, chills, sore	
th COVID19 or	
ny	
cipate in the 2020 Summer my.	r
Date	
Jul 23	

Address:				
Phone #	Town / ST/Zip code Cell #	School Nam	e:	
Family Physician's Name:			Phone #	
Please list any medical condit	ions, medications and/or all	ergies that your	child may have:	
Emergency contact name:	Address:		Phone #:	Relationship:
(1)				
(2)				
3. Do you now or Throat, cough, muscle aches, or 4. Have you been 3. Corona-type symptoms? Y 5. Have you travel 6. Have you had a I, Parent's/child	in contact with anyone in the IN ed outside of the state in the land NEW loss of sense of taste or Guardian's Name (Please Pring Student's name (Please Print)	ast 14 days who hast two weeks?	as been diagnosed Y N N , hereby authorize	ever, chills, sore I with COVID19 or e my earticipate in the 2020 Summer ademy.
Parent's/gua	ardian's Signature			Date
Please select one of the followi	ng options:			
Session 1: Jul 12 to Session 3: Jul 26 to			Session2: Jul 19	to Jul 23
Tee-shirt Size (adult) – Circle one	S	M	L	XL
Shorts (adult) – Circle one	\mathbf{S}	M	L	XL
E-mail address: Student	E-ma	il address: Parent _		



Name Printed

SUFFOLK COUNTY POLICE ACADEMY 2021 YOUTH CAMP LIABILITY WAIVER

Name of child participating in SUFFOLK Co	OUNTY YOUTH POLICE C	CAMP:	
Name:	Age:	Male	Female
I, the undersigned parent or legal guardian of is able to participate in the Suffolk County accident insurance are provided for the chapayment of all expenses in the absence of su	y Youth Police Camp Progra hild and I accept full respon	am. I under	stand that no health, and/or
In consideration for your accepting the child child for myself and the child, as well as discharge County of Suffolk, the Suffolk appointed and elected officials, employees, a administrators and assigns from any and all all injuries sustained by the child as a resurelated activities.	our heirs, executors, administration County Police Department, agents, volunteers and other reclaims, causes of action, suits	strators and Police De epresentative, debts or da	assigns forever release and partment Officers and its es and their heirs, executors, amages arising from any and
Furthermore, I the undersigned parent or leg and defend the County of Suffolk, the Suffo employees, agents, volunteer and other repr any and all injuries and property damages s SUFFOLK COUNTY YOUTH POLICE CA	olk County Police Department resentatives and their heirs, es sustained by others by reason	t and its app xecutors, ac n of the con	pointed and elected officials, lministrators and assigns for duct of the child during the
I agree that the County of Suffolk, the SUI their discretion to enforce established rules maintain these standards, or for actions or harmony or interest of the group in its pronamed minor child to be taken and used for for any other purpose. I understand that doc appear and agree not to require compensation	s of conduct and/or terminated conduct detrimental to or in ogram as a whole. I also perudisplay, publication, advertising cumentary films may be made	e the child's ncompatible mit photogra ng, for use in	s participation for failure to with the welfare, comfort, aphs and video of the above an any televised production or
I hereby grant the County of Suffolk, the officials, employees, agents, volunteers and consider warranted regarding the health and actions taken on my behalf.	d other representatives full	authority to	take whatever action they
Parent or Guardian	Date:	:	
(Signati	ure)		